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EDITORIAL COMMENT



PROGRESS AND REACTION

SOME fifty-odd years ago Florence Nightingale created a new profession, renovated the hospitals, reduced the death rate of an army; and yet the chief reason for her immortal distinction does not lie solely in this her achievement, but in her declared and reiterated explanation of *how* and *how only*, this was possible to her, and would alone be possible to her successors.

How many people do we know who have pierced to the spring of that current which she set in motion. Few, we believe. At least, we have read the words of many who quote her results yet ignore absolutely her basic principle, which was this—she has repeated it over and over again:

The undivided control of nurses in all that relates to their teaching, training, and discipline must lie in the hands of women, themselves trained, and occupying positions of undisputed authority within the limits assigned to them. Medical orders for the patients do not lie within these limits; they are external to them. For physicians, or male secular authorities, to control the training of nurses, is, in her own words, "fatal to discipline."

Again she says:

"It is extraordinary that this first essential, viz., that women should be, in matters of discipline, under a woman, should need to be advocated at all. But so it is."

If, rising from the narrow technical to the large social point of view Miss Nightingale's whole work is passed in review it must be at once seen that its brilliant essence lay in her taking from men's hands a power which did not logically or rightly belong to them, but which they had usurped, and seizing it firmly in her own, from whence she passed

it on to her pupils and disciples. In this she was a glorious and successful revolutionary.

In her day, the proofs of the total and shameful failure of men in hospital management and nursing were so spectacular that none could pretend not to see them. Since then they have learned much of her methods and a group of men, not all by any means, are of late years, making a determined effort to regain the lost autocracy, and, in order to keep women from advancing too far in opportunity, in education, and in responsible independence, there is at present a marked reactionary wave evident in many parts of the nursing and medical world.

Wherever the principles of Miss Nightingale have been accepted nursing has made wonderful progress. On the other hand, wherever her principles are ignored, and we find men (no matter whether medical or lay) in charge of the discipline and education of nurses, conditions are either as bad as they ever were, or are steadily declining from her level to that state of degradation where nursing was when she rescued it.

This is not a petulant expression of revolt, though the lay nursing journals, will probably call it such. It is simply a plain statement of fact and can be easily verified by past history, by current events, or by examining institutions. Thus to see whether nursing is really still as degraded as it was in 1850, inspect the hospitals of Southern Germany, Austria, Italy, and certain portions of France, where there has always been complete male control; and to see whether deterioration is taking place under the growing encroachment of men in the training of nurses, study the object lessons presented by Holland, where the results of selfish interests are well described by Miss Hubrecht in her paper read at Paris, and reprinted in last month's JOURNAL; examine the present melancholy spectacle in England, where, on one hand, mercenary employers of nurse labor are preventing State Registration, through fear that it will affect their pockets, and on the other, jealous officials are endeavoring to degrade to an inferior rank those officers who have been chiefly instrumental in making over those hospitals where the poorest of the poor are taken—the Matrons of hospitals and asylums under the Metropolitan Asylums Board, who, by their position and authority have heretofore been able to change the shameful state of things that once existed in those institutions to their present humane and civilized standard. Think what it will mean to all the poor if the nursing in those hospitals and asylums should fall back to what it once was, as it surely will if the Matron is deprived of her rightful share of authority, and consider that the *Lancet* and other medical organs would rather allow it to so fall back than not to subordinate the Matron in all matters of adminis-

tration and discipline to the junior medical officers. This is the attitude of men when their own supremacy is threatened. The good of the hospital and of the patients is overlooked.

Reaction may be studied nearer home. Take the recent history in New York City, where the most paltry reasons have recently been put forward for depriving hospital nurses of a sufficient time for training, for study, and for rest, and where a preference for the untrained attendant of former days has been openly declared by men whose genuine motive is a fear that nurses as a body are becoming too independent. Already the market is flooded with untrained attendants and half-trained women (the product of correspondence schools and special hospitals), so that it is evident that a real need for such services does not exist. The actual truth is that the calls for highly educated and able nurses cannot be met, the country over, and that there have never been so many demands for women of the most thorough training.

We have several states where reaction is marked, even to gravity. Let us candidly mention two—there may be others—Massachusetts and Pennsylvania. In the latter, state-subsidized sham schools have successfully prevented State Registration,—that plain, elementary justice which is the right of women who have given arduous years to the study of their profession. Every nurse knows the baleful influence of commercial training schools and selfish private hospital interests in Pennsylvania, and many understand that Massachusetts is now demonstrating the logical results of a long, gradual process of male encroachment in training schools, so gradual that it has been often overlooked until now when the nurses of the state, with surprise and alarm, find themselves in its grip. There we find a condition which it will be most instructive for nurses all over the country to study for there the nurses have been more nearly betrayed, quietly, than in any other state. One man who gives his nurses a good training in housework but a poor one in nursing has been able to block registration without appearing openly against it.

If the women of our profession are timid they should remember that reaction is to be expected, but it should always be resisted, or it will drown progress and compel future generations to go through the whole painful struggle again.

THE PROBLEM OF THE THIRD YEAR

THOSE nurses who have stood together in support of the three year course, in spite of criticism and protest from individuals and the lay nursing press, may well rejoice over the report of the New York City

Visiting Committee published on another page. The names of the men and women composing this committee are a guarantee that this report was an entirely disinterested one so far as what we may call the nursing situation is concerned. The investigation was made strictly in the interest of hospitals and of nursing education in its broadest relation to the sick in hospitals and the home. The conclusions reached by this committee as set forth in the report are a rebuke first, to those men who, from whatever motives, have led the revolt against the leaders in nursing education; second to those women in the nursing profession who have been intimidated or silenced by the leaders in the retrograde movement; third, to those lay nursing magazines which have supported this retrograde movement seemingly with the object of creating dissention within the nursing ranks.

We believe that this report practically brings an end to the discussion as to the wisdom and justice of the three years' course. Political or commercial interests may retard its universal adoption, but we feel that the standard has been fixed, and the large schools which do not adopt it will be recognized as belonging to a lower grade.

It certainly behooves the members of the nursing body from the highest to the lowest to hereafter stand together without faltering when discussions of this nature arise. We have stated in these pages over and over and we repeat again that nurses have always had the support in hospital administration, in education, and in registration of the more highly intelligent and cultured men and women in every community. It is where the interest of this class of people has not been solicited or aroused or where it has been overruled by the commercial or political majority that the efforts of nurses for higher standards have failed. It is like every other reform movement, the greater the need, the more bitter the opposition.

CHILD LABOR

AN important step in the steady—even if slow progress—in the campaign against the evil of child-labor has recently been taken in New York State by the Commissioner of Factory Inspection for that state, in the appointment of a medical man as medical examiner under the department. This step leads in the direction of ultimately freeing children and young people from untimely and unsuitable toil, by introducing the principle of physical fitness as a fresh weapon against the organized greed and sordid selfishness which have made wage-slaves of over a million children.

The retiring commissioner, Mr. Sherman, had laid the train for this appointment, and his successor, Mr. John Williams, has recently called a conference of people especially interested in social problems to advise with him as to the work of the medical inspector. Two of the members of this conference are well known to the readers of the *JOURNAL*; they are Miss Wald of the Nurses' Settlement in New York and Mrs. Florence Kelley, secretary of the National Consumers' League. Miss Wald suggested that the entire province of a medical inspector might be divided into two fields—one, the hygiene and sanitation of factories, and the other, the physical examination of employees, and the effect of conditions of labor upon health. As one medical inspector was entirely inadequate to the extent of this inquiry throughout the State, she hoped that the hygiene and sanitation might be given to an assistant, who might be a sanitary engineer, so that the physician might devote himself solely to his special work. Mrs. Kelley suggested that it might be most useful if the medical examiner began by taking two or three selected trades and investigated their effect upon women and children. It is probable that this course will be taken, and it is to be hoped that the evidence gained, of physiological facts declared by a competent medical authority, will go far towards creating public intelligence, and will ultimately provide a scientific reason for prohibiting the labor of all children under sixteen, and even of all minors who are of delicate physique. For it is not alone that certain trades are harmful in themselves, but also that the "speeding up" of modern industry makes all trades harmful if not actually dangerous to the proper physical and mental development of young persons.

OBLIGATIONS OF PUBLIC OFFICE

ONE of the subjects to which organizations everywhere should be giving more serious thought is that of the obligations resting upon those who hold office. The editor-in-chief is frequently the recipient of confidential letters complaining of the inactivity of the holders of important offices or of heads of committees, the writers asking for advice and assistance in what seems to be a hopeless situation. There are a certain number of persons holding official positions who are so overburdened with the work by which they earn their daily bread that it is impossible for them to perform the duties of public office. Such members should not permit themselves to be nominated or assume obligations that require work which they cannot perform. There is a certain type of woman who seeks

the notoriety of public office but who is lacking in a proper sense of moral responsibility to her associates. And there is the indolent type who will only work when she must, under any circumstances, although her ambition leads her to associate herself with the workers. The result is that in every organization, whether state, county, or *alumnæ*, the actual work of carrying on the society is narrowed down to a very few. Perhaps a president or secretary performs the work of all the other officers.

We think the subject of obligation of office is one that should be taken up seriously and discussed at local, state, or national meetings and a higher sense of obligation stimulated among the members. This could be done by papers, or by addresses from representatives from other lines of work where perhaps this question has been more satisfactorily adjusted. One phase of such a discussion should be a definite outline of the duties of retiring officers. Beginning with the president, and taking each member of the executive committee, and the heads of the various committees in turn, the work should be outlined showing where the duties of the retiring officer end and where those of the newly appointed one begin. There should be careful instruction by retiring officers of their successors in regard to the work which has been done or which is unfinished at the time of their retirement. We need a broader distribution of our organization work, a bringing in of new people in association with older members.

We begin to see the need in our organization life of a field secretary, a person who shall act as secretary of The Associated *Alumnæ*, in that way being permanently a member of the Executive Committee, but who shall give her entire time to the organizations, going about from city to city and from state to state, stimulating, instructing, and reorganizing where necessary, among the affiliated societies. We believe the time is coming when for the best development of nursing progress we must have such an officer, and she should be a woman of leadership qualities, with those characteristics which beget confidence, and her work should combine those branches of national work which are included under the heads of education, organization and publication. The creating of such a position would of course necessitate the paying of a good salary, but with a society composed of an affiliated membership of twenty thousand it should not be many years before the salary question could be adjusted. There is an immense amount of work to be done in these three departments of nursing development, and among our association workers we have a number of women whose services to the country as a whole would be invaluable under such conditions.

ENFORCEMENT OF THE REGISTRATION LAWS

ANOTHER subject to which nurses should be turning their attention intelligently and judiciously is the manner in which laws for state registration now in force are being administered, with reference to the manner of their interpretation and the effect of such interpretation upon nursing education. The fact that a state has secured a law does not solve all the problems within its boundaries. If in its administration or interpretation the act as spread on its statute books is found to be defective, it is time to consider amendments. If it is found that influences from the outside are interfering with its most effective administration, it is within the province of the association which has secured the passage of the law to make such protests through the proper channels as shall make the administration most effective. We think there is a tendency to drop the responsibility of the administration of these laws on to the shoulders of executive boards or state officials, and if this tendency increases, laws for state registration will deteriorate in their practical usefulness just as any law deteriorates over which a watch dog policy is not maintained.

A SUGGESTION TO BOARDS OF EXAMINERS

WE want to make the suggestion to members of boards of examiners of the different states that wherever the term treatment is used it shall, as far as possible, be designated as nursing treatment in distinction to medical treatment. We think the universal use of this term in considering those emergencies in which a nurse is expected to act in the absence of the physician will rapidly tend to dispel the idea that in these examinations the intention is to displace the physician or to infringe upon his province, and it will also keep before the nurses during the examination the fact that the papers are to be answered from the nursing standpoint and not from the medical stand-point, and gradually the necessity for teaching medical subjects from the nursing stand-point exclusively will be reflected back to the teachers in the training schools.

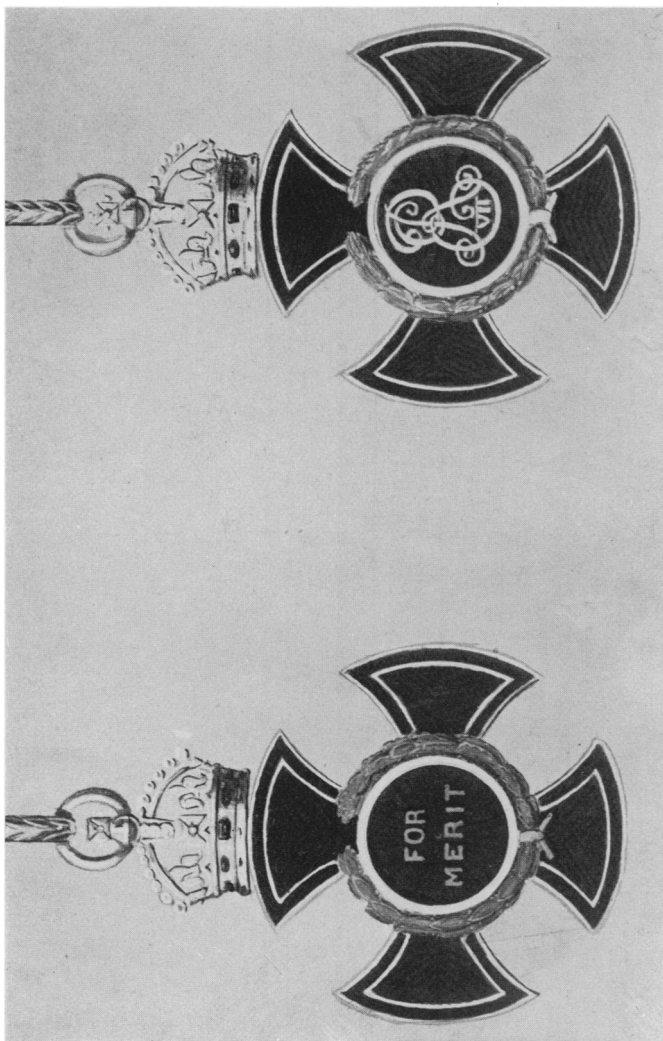
There has always been a nursing treatment which the nurse is instructed to carry out in emergencies or in the absence of the physician, there always must be such instruction given, and the term treatment cannot be entirely eliminated from examination papers, but it should always be modified by the adjective nursing to distinguish it from medical.

“THE LIST TO LEAVE BEHIND”

It is not only the district or visiting nurse who needs to possess some teaching qualities. Every private duty nurse is called on again and again to give instruction in the care of the sick to members of a family who must carry on her work when she leaves. Nurses vary greatly in their ability to impart knowledge, some who do the best work, themselves, find it almost impossible to tell others how to do, while to another the giving of lessons in home nursing is delightful and she is sure to interest and enthuse her pupil. Children are very apt scholars, and one is often amused to find how much a child in a house has grasped by accurate observation while some elder person is having a struggle to comprehend directions. Miss Sherman gives us in this JOURNAL a helpful article on “The List to Leave Behind” which obstetrical nurses will appreciate. The relation of the nurse to her helpers or successors should be, as we must constantly remind ourselves, one of encouragement and appreciation, not of superiority and criticism. Often the results of these instructions are most surprising, the person who seemed so timid or slow to comprehend gains confidence with experience and profits more than we had hoped by our labors, and if good underlying principles are laid down and impressed upon the untrained mind, the structure built upon them will often be a worthy one. On the other hand, much harm may be done by dwelling too much on some procedure imperfectly understood, without going back to the reason for the act. For instance, if one had to choose, it would be better to insist upon a thorough scrubbing and rinsing and clean handling of a baby’s bottle, at each feeding, than to implant the idea that a boiling of three minutes once a day will atone for carelessness the rest of the twenty-four hours.

It is not only the obstetrical nurse who is called upon to leave instructions. How often a patient of limited means must part with his nurse just when the worst of typhoid or pneumonia is over, and the future conduct of the nursing of the patient will depend as much upon the intelligence shown by the trained nurse in teaching as upon the intelligence of the amateur nurse in carrying out what she is taught. We hope that some contributions on this kind of home nursing in medical, surgical and contagious cases will be sent in by those who have been interested and successful instructors.

Perhaps this may be a good time to speak of the dearth of good papers on private nursing subjects in this and in all nursing periodicals. It is much easier to obtain papers on hospital and educational problems, ethics, etc., than on the practical every-day nursing subjects, yet these



latter are what nurses in general look for and want. It sometimes seems as if all the women of ability had taken up hospital work, for these contribute the majority of papers read at nurses' meetings or published in magazines. The old excuse that private duty nurses are too busy hardly holds, for we all know that hospital people are busy too, and the best papers we have had on private duty subjects have been written by nurses in the thick of the fray who are constantly in demand. The reason probably lies in the fact that private duty nurses are so uncertain of their time and are so in the habit of excusing themselves from holding office, serving on committees, etc., that they end by excusing themselves from all obligations to their profession, except that of being a good nurse. We invite them to wake up with the new year, turn over a new leaf, and share with others what they have been learning. To those who doubt their literary ability, we would say that all editors of all magazines are in the habit of putting into shape manuscripts sent them which contain good ideas but which lack the ease of expression which comes with more constant practice, and we shall be glad to give the finishing touch where it is needed to otherwise suitable articles.

MISS NIGHTINGALE'S DECORATION

THROUGH the courtesy of *The British Journal of Nursing* we have received a photograph of the decoration recently conferred upon Miss Nightingale by King Edward. We quote the description given in *The British Journal*.

The insignia of the Order of Merit were conveyed to Miss Florence Nightingale by Colonel Sir Douglas Dawson, Registrar and Secretary of the Central Chancery of the Orders of Knighthood, on December 5th. Sir Douglas Dawson drove from St. James's Palace in a Royal carriage to Miss Nightingale's residence in South Street, Park Lane, W., where members of her family were waiting to receive him.

"By command of his Majesty the King I have come," said Sir Douglas, "to convey the insignia of the Order of Merit to Miss Florence Nightingale."

The case containing the cross of the Order, with its beautiful blue and rose ribbon, was then conveyed to Miss Nightingale, who remained in her own room, but received the insignia with much pleasure, and dictated her thanks for the honour conferred upon her by her Sovereign as follows:—

"His Majesty King Edward VII.—Miss Florence Nightingale desires to express to his Majesty her gratitude for the honour he has done her in graciously appointing her to the Order of Merit. She feels

keenly the honour it is to be associated with the distinguished men already members of the Order."

The message was at once conveyed to Sir Douglas Dawson.

By the courtesy of the Lord Chancellor's Office we are able to give the accompanying illustrations of the Order, which represent its actual size. It is carried out in blue, red and green enamel. The centre of the cross bearing the words "For Merit," is of blue enamel surrounded by a wreath of laurels, and the arms, which are eight-pointed, are carried out in red. The reverse side bears the King's monogram. The cross is surmounted by a crown, and is suspended by a handsome ribbon, two inches wide, in soft shades of royal blue and rose red.

Had the women of the United Kingdom been invited to vote for the British woman upon whom this honour should be conferred the large majority would unquestionably have recorded their vote in favour of Miss Florence Nightingale, the first woman entered on the Roll of King Edward VII.'s Order of Merit.

HOSPITAL ECONOMICS CONTRIBUTIONS

MANY inquiries reach the JOURNAL office as to where the money pledged for the Hospital Economics Course should be sent. That pledged at the meetings of the Superintendents' Society or the Associated Alumnae should be sent to the treasurers of those associations, whose names are always to be found in the Official Directory at the back of the magazine. Independent contributions may be sent directly to Miss Nutting, chairman of the finance committee appointed by the two associations. Her address has been added this month to the Official Directory.

Returns from the pledges made at both of the association meetings are now coming in and will be reported from month to month. A number of associations that made no promises have sent splendid contributions and several not affiliated with the national alumnae have made liberal donations to the fund. Let this be a banner year in promoting the cause of higher education for nurses. Every penny helps.

Miss Nutting's report in the official department shows a splendid beginning.

THE SAN FRANCISCO PARTY

NURSES are asking when and by which route the delegates and members are to leave for San Francisco. It will add greatly to the pleasure of the trip if the nurses can travel in groups, and we will give

in the March and April numbers of the JOURNAL definite dates, and trains leaving Chicago, so that those who desire may meet at that point and travel together across the country. We will also give some information for the convenience and comfort of those who have never crossed to the Pacific coast. Those who have definitely decided to go and who would like to join such a party may send their addresses to the secretary of the Associated Alumnæ.

NURSES FOR THE NAVY

IN the navy bill now before Congress is embodied a clause providing for women nurses in the medical department of the United States Navy, to be eligible for service at naval hospitals, on board hospital ships, and for such special duty as the surgeon general of the navy may deem necessary.

The Surgeon General in *The Maryland Medical Journal* for December has outlined his views on this subject.

THE INTERNATIONAL CONGRESS ON TUBERCULOSIS

ACTIVE preparations for the International Congress on Tuberculosis to be held in Washington, next September, are under way in other countries. The National Committees for France, Germany, Sweden, Austria, Holland, Greece, Bulgaria, Cuba, Venezuela, Brazil and Costa Rica have organized and have forwarded their membership lists to the Secretary-General. The French committee has a membership of over three hundred and includes men of prominence in public life as well as in the medical profession.

